

Public Works Department 700 A. Wilmeth Road McKinney, Texas 75069 www.collincountytx.gov 972-548-3700 (Phone) 972-548-3754 (Fax)

This application is for dust control oiling due to a chronic respiratory condition. Application is good for three (3) calendar years. Physicians Statement entitles patient indicated below to one dust oil application per year at no cost. Please have your doctor mail or fax this application to the Public Works Department.

This person is: Resident Patient Both (circle one)		
Name:		
Address:		
City: Zip:_	Phone:	
County Road Number:		
Approximate distance residence	is from county road:	feet
Number of years lived at this residence: years		years
What side of the road is residence located? North South East West		
Luna Abscess	ith breathing or is life threateni	ng ulmonary Fibrosis sthma
Other chronic/life threatening respiratory conditions:		
How long has patient had this condition:		st episode:
Other comments:		
Physician Name: (Please print):		
Physician Signature:		
Date:	Physician phone number: _	